

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEIU COPE (Service Employees International Union Committee On Political Education)			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00004036 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name (Last, First, Middle Initial) of Payee The New Media Firm, Inc.			Date MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 1730 Rhode Island Ave NW Ste 410			Amount 20000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D281996	
Purpose of Expenditure Television Ad Production		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 283049.69				
Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies			Date MM / DD / YYYY 06 / 07 / 2012	
Mailing Address 1010 Wisconsin Avenue, NW Suite 800			Amount 14330.94	
City Washington	State DC	Zip Code 20007	Transaction ID : D281997	
Purpose of Expenditure Television Ad Buy		Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 283049.69				
(a) SUBTOTAL of Itemized Independent Expenditures.....			34330.94	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <i>Eliseo Medina</i> Signature </div> <div> <i>[Electronically Filed]</i> Date </div> <div> MM / DD / YYYY 06 / 08 / 2012 </div> </div>				

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

SEIU COPE (Service Employees International Union Committee On Political Education)

FEC IDENTIFICATION NUMBER ▼

C C00004036

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY
 MM / DD / YYYY
 MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

GMMB

Date

MM / DD / YYYY
 06 / 07 / 2012

Mailing Address 1010 Wisconsin Avenue, NW

Suite 800

Amount

City

Washington

State

DC

Zip Code

20007

248718.75

Transaction ID : D281998

Purpose of Expenditure
Television Ad BuyCategory/
Type

004

Office Sought:

☐ House

State: OH

☒ Senate

District:

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

JOSH MANDEL

Calendar Year-To-Date Per Election
for Office Sought

283049.69

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY
 MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

248718.75

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

283049.69

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Eliseo Medina

[Electronically Filed]

Date

MM / DD / YYYY
 06 / 08 / 2012

Signature